

**FORM 10-5565b****DEPT OF VETERANS AFFAIRS****READJUSTMENT COUNSELING SERVICES  
CONTRACT SERVICES AUTHORIZATION****1. Contractor Information****A. Contract Service Provider Readjustment Counseling****B. 4 Digit Provider #****C. Address of Contract Service Provider (Number, Street, City, State, Zip, Tel #)**

PO BOX #:

Street Address:

City:

State:

Zip:

Phone:

**2. Veteran Information****D. Name of Veteran and Vet Ctr Client # (Last, First MI)**

Client # For Billing:

**E. This Veteran has been determined to be eligible for readjustment counseling. Only the following services have been authorized from \_\_\_\_\_ to \_\_\_\_\_**

# Sessions Auth.

- ☐ 1. Individual readjustment counseling
- ☐ 2. Marriage and family readjustment counseling
- ☐ 3. Group readjustment counseling

The number of sessions displayed above indicate the TOTAL NUMBER of sessions authorized for THIS QUARTER to date.

**F. I have informed the veteran of the following:**

1. He/she is eligible for readjustment counseling beginning on this date: Apr 20, 2013 or extended to this date: Apr 20, 2014.
2. He/she is entitled to no more than 1 visit per week for which the Department of Veterans Affairs will provide remuneration.
3. He/she has been advised of his/her potential for financial responsibility for services should his/her eligibility not be substantiated.

**3. Referral Information****G. This veteran is being referred to you for readjustment counseling: You will initiate care for:**

- ☐ Ongoing care
- ☐ 3 authorized initial assessment visits. Additional visits may be authorized after submission of an initial treatment plan
- ☐ Reassessment evaluation

**Note:** This contract service provider may request an increase in the number of visits to 2 per week by contacting the authorizing official shown below.**H. This authorization is from****I. Vet Center or Facility #**☐ Vet Center**J. Authorization Official**

a. Signature

b. Title

c. Date

d. Telephone

Copies To:

\_\_\_\_ Veteran

\_\_\_\_ Contract Service Provider

\_\_\_\_ VA Contracting Facility

\_\_\_\_ Originating Office

Print Date: Nov 27, 2013

VA FORM 10-5565b

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